

COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2005 - JUNE 30, 2006

2005 JUL 30 A 6:10

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health and Human Services Agency

Division/Unit: Child Welfare Services Central Region

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	2	Hours	272	x	\$18.04	=	\$4906.88
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Types of work performed by GENERAL VOLUNTEERS in this category: Supervise children in the office; contact foster parents for information on medical/dental care of foster children; assist with staff training

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	_____	Hours	_____	x	\$18.04	=	_____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category: \_\_\_\_\_

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	_____	Hours	_____	x	VCL	_____	=	Dollar Benefit
	_____		_____	x		_____	=	\$

No. Vol	_____	Total Hours	_____	Total Value	\$	_____
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Types of work performed by SPECIALIZED VOLUNTEERS in this category: \_\_\_\_\_

9400000

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
2a	2	\$ 4906.88
2b		\$
2c		\$
<b>TOTALS</b>	<b>2</b>	<b>\$ 4906.88</b>

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated	Value	Item Donated	Value
	\$		\$
	\$		\$

TOTAL VALUE \$

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours	272	x Rate \$	32.02	=	\$ 8712.16
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- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours		x Rate \$		=	\$
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- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS

=

\$ \_\_\_\_\_

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 8712.16

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

\$ 4906.88

- b. Total of Donations to Volunteer Program, Item 3 (Page 2)

\$ \_\_\_\_\_

ADD a + b

\$ \_\_\_\_\_

- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)

(\$ 8712.16)

TOTAL PROGRAM BENEFIT

6305.22

6. **RECRUITING:**

Please describe your recruiting programs:

Volunteers were recruited by the CWS Internship Coordinator

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Central Region initiated Team Decision Making in January, 2006. This has been a very successful program in that we have maintained 77% of foster care placements that were at risk of disrupting. Volunteers were used to provide childcare during the TDM meeting.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Heidi Quiroz -

Phone Number: (619) 336-5734 Mail Stop W459 E-Mail heidi.quiroz@sdcounty.ca.gov

Volunteer Coordinator: This position is currently vacant

Phone Number: \_\_\_\_\_ Mail Stop \_\_\_\_\_ E-Mail \_\_\_\_\_

10. **DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE

7.17.06  
DATE